Exhibit 300: Capital Asset Plan and Business Case Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview (All Capital Assets)

1. Date of Submission: 2010-03-17 14:07:48

2. Agency: 009

3. Bureau: 10

4. Name of this Investment: FDA Automated Drug Information Management System

5. Unique Project (Investment) Identifier: 009-10-01-03-01-2016-00

6. What kind of investment will this be in FY 2011?: Mixed Life Cycle

- Planning
- Full Acquisition
- Operations and Maintenance
- Mixed Life Cycle
- Multi-Agency Collaboration

7. What was the first budget year this investment was submitted to OMB? *

8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap; this description may include links to relevant information which should include relevant GAO reports, and links to relevant findings of independent audits.

The Automated Drug Information Management System (ADIMS) is being developed as an integrated, fully electronic information management system for the receipt, validation, evaluation, and dissemination of drug safety and effectiveness data. As the core enterprise architecture for FDA's pre-market drug review process, all systems involved in that process will either be replaced or integrated into ADIMS. The system will be seamless, with single sign-on access to information and tools used in daily decision-making. The Document Archiving, Reporting, and Regulatory Tracking System (DARRTS) will be the backbone of the system. Over fifty current large and small systems will be integrated as ADIMS, including the Corporate Oracle Management Information System (COMIS), the Electronic Document Room (EDR), the Division File System (DFS), and systems within the FACTS@FDA program. As the volume of technologically advanced electronic information coming into FDA increases, the need for a robust information management system increases. In addition to facilitating drug review and approval, an integrated data management system to collect and evaluate electronic clinical data facilitates the identification of trends and other critical information (i.e., potential product safety issues). Also, the validation and back-up capabilities of ADIMS will facilitate data verification and correction with increased efficiency. Currently all systems across FDA are being reviewed for potential migration to the MedWatch Plus, FASTAR, EDSR, Product Quality Program investment in FY10. Consolidating current stovepipe and stand-alone drug information systems into a cohesive, easily supportable platform will allow reviewers to be able to access information from one place and will improve accessibility and reduce redundancy. Reducing redundant manual data entry and consolidating access to data will improve data quality and improve performance objectives as well as save time and resources required to keep multiple systems updated. Thus, ADIMS directly supports the goal of e-Government by creating efficient electronic access to the most up-to-date and complete information within the Agency and the HHS strategic goal of Improve health care quality, safety, cost and value by allowing real-time transfer of information. This, plus the system's capabilities of accepting electronic submission, will improve the FDA's responsiveness to consumers, industry, and healthcare providers.

a. **Provide here the date of any approved rebaselining within the past year, the date for the most recent (or planned)alternatives analysis for this investment, and whether this investment has a risk management plan and risk register.**

9. Did the Agency's Executive/Investment Committee approve this request? *

a. **If "yes," what was the date of this approval?** *

10. Contact information of Program/Project Manager?

- **Name:** *
- **Phone Number:** *
- **Email:** *

11. What project management qualifications does the Project Manager have? (per FAC-P/PM)? *

- Project manager has been validated according to FAC-PMPM or DAWIA criteria as qualified for this investment.
- Project manager qualifications according to FAC-P/PM or DAWIA criteria is under review for this investment.
- Project manager assigned to investment, but does not meet requirements according to FAC-P/OM or DAWIA criteria.
- Project manager assigned but qualification status review has not yet started.
- No project manager has yet been assigned to this investment.

12. If this investment is a financial management system, then please fill out the following as reported in the most recent financial systems inventory (FMSI):

Financial management system name(s)	System acronym	Unique Project Identifier (UPI) number
*	*	*

a. **If this investment is a financial management system AND the investment is part of the core financial system then select the primary FFMIA compliance area that this investment addresses (choose only one):** *

- computer system security requirement;
- internal control system requirement;
- core financial system requirement according to FSIO standards;
- Federal accounting standard;
- U.S. Government Standard General Ledger at the Transaction Level;
- this is a core financial system, but does not address a FFMIA compliance area;
- Not a core financial system; does not need to comply with FFMIA

Section B: Summary of Funding (Budget Authority for Capital Assets)

1.

Table 1: SUMMARY OF FUNDING FOR PROJECT PHASES (REPORTED IN MILLIONS)
(Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)

	PY1 and earlier	PY 2009	CY 2010	BY 2011	BY+1 2012	BY+2 2013	BY+3 2014	BY+4 and beyond	Total
Planning:	*	*	*	*	*	*	*	*	*
Acquisition:	*	*	*	*	*	*	*	*	*
Subtotal Planning & Acquisition:	*	*	*	*	*	*	*	*	*
Operations & Maintenance:	*	*	*	*	*	*	*	*	*
Disposition Costs (optional):	*	*	*	*	*	*	*	*	*
SUBTOTAL:	*	*	*	*	*	*	*	*	*
Government FTE Costs should not be included in the amounts provided above.									
Government FTE Costs	*	*	*	*	*	*	*	*	*
Number of FTE represented by Costs:	*	*	*	*	*	*	*	*	*
TOTAL(including FTE costs)	*	*	*	*	*	*	*	*	*

2. If the summary of funding has changed from the FY 2010 President's Budget request, briefly explain those changes:

*

Section C: Acquisition/Contract Strategy (All Capital Assets)

1.

Table 1: Contracts/Task Orders Table

Contract or Task Order Number	Type of Contract/Task Order (In accordance with FAR Part 16)	Has the contract been awarded (Y/N)	If so what is the date of the award? If not, what is the planned award date?	Start date of Contract/Task Order	End date of Contract/Task Order	Total Value of Contract/Task Order (M)	Is this an Interagency Acquisition? (Y/N)	Is it performance based? (Y/N)	Competitively awarded? (Y/N)	What, if any, alternative financing option is being used? (ESPC, UESC, EUL, N/A)	Is EVM in the contract? (Y/N)
HHSF223200550495G	T&M: Time & Materials	Y	2005-09-28	2006-02-01	2010-08-26	$3.5	*	*	*	*	*
F230550263G	T&M: Time & Materials	Y	2005-06-28	2005-06-28	2008-07-31	$3.7	*	*	*	*	*
GST0007AJ0007	T&M: Time & Materials	Y	2006-11-27	2006-11-27	2011-11-26	$19.7	*	*	*	*	*
GS-35F-0152N	T&M: Time & Materials	Y	2009-08-25	2009-09-01	2014-08-31	$45.5	*	*	*	*	*
HHSF223200750624G	T&M: Time & Materials	Y	2007-08-01	2007-08-01	2008-07-31	$0.6	*	*	*	*	*
HHSF223200850764G	T&M: Time & Materials	Y	2009-07-22	2009-09-01	2010-10-31	$3.6	*	*	*	*	*

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:
*

3. Is there an acquisition plan which reflects the requirements of FAR Subpart 7.1 and has been approved in accordance with agency requirements? *

a. **If "yes," what is the date?** *

Section D: Performance Information (All Capital Assets)

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2005	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	number of ectd submissions received per year	30 official ectd submissions plus 25 in testing	encourage industry to submit more ectds by the end of fy 2005 (goal=100)	91 official ectd submissions.
2005	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	first release of system will be 100% c&a'd and have a completed pia.	currently, system has no pia or security controls in place.	ensure pia is completed and all security measures have been taken to meet federal guidelines.	pia was completed and system c&a'd on january 26, 2006.
2005	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	ensure system is reliable and available 95% of scheduled time.	no quantifiable baseline has been established (other than system should be available during working hours)	document the metric as part of the operational plan. ensure that adequate backup and business resumption activities are in place for production.	backup and business resumption activities are in place and documented in the system contingency plan. contingency plan is tested annually.
2006	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	number of ectd submissions received per year	300 ectd submissions projected this year based on prior year submission history and industry contact regarding ectd preparation	coordinate efforts with industry to double expected submissions	over 2000 ectds received
2006	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	electronic signatures will expedite drug approval process	routing completed documentation and action letters for sign-off can take a week or more.	electronic signatures will allow routing of documentation and action letters to occur within minutes.	with the release of darrts 1.0 the drug review process has increased by 25%.
2007	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	ccb in place by end of fy 2007.	currently, no ccb or governance installed	draft ccb documentation, select participants and set up framework.	ccb was established and documentation completed and put into pvcs.
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	reduce three systems to one in order to save time and increase productivity	currently, users must log on to three systems, using different passwords. integrated reports can not be generated from just one system.	once the systems are fully integrated, users will have only one password and will be able to generate reports from one point of entry. increased	the 3 systems have been deduce to one system

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
						efficiency and improved accuracy will increase productivity.	
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	decrease the number of systems that a reviewer has to look at to obtain information from 50+ to 1.	currently reviewers have to look at multiple systems to obtain information.	reduce the number of systems reviewers have to look at by 75%.	as of fy08, the number of systems reviewers have to look at have been reduced to 17.
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	project costs will be within 10% of budget estimates.	project and cost schedule are in place,	variances are targeted to be within .1 +/- of the baselined planned value (pv) scheduled performance indicator (spi) of 1.0.	baseline costs are within 10% of the 1.0 spi target. project is in line with meeting aa objective of achieving $175m in cost avoidance/cost benefits.
2008	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	track all ind's, mf's, and eua's in one system, darrts	currently these applications are tracked in separate applications	100% ind's, mf's, and eua's are tracked in darrts	as of fy08, 100% of ind's, mf's and eua's are tracked in darrts
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	support the increase of electronic submissions without compromising processing speed	currently approximately 800 ectd's are received in darrts each the year.	an average increase of 25% more electronic ectd submissions (~ 1,000 by cy 2009) will be processed without compromising the current processing rate.	processing an average increase of 25% electron ectd submissions
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 2 stovepipe systems (comis nda/anda & dfs) and integrated them with darrts	currently comis nda/anda and dfs are of 17 systems that is managed as a separate legacy application.	100% of ndas, andas, and all dfs functionality will be processed via the darrts application.	as of 7/27/2009 100% of ndas, andas, and all dfs functionality are processed via the darrts application
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	decrease the number of systems that a reviewer has to look at to obtain information from 50+ to 13	currently reviewers have to look at multiple systems to obtain information.	reduce the number of systems reviewers have to look at by 75% (13 systems to remain at years end).	as of 7/27/2009 have reduced the number of systems to 13
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	tracking all drug application types (tpd inds, inds), in a single system.	drug applications are tracked in three different systems.	100% of all drug application types (tpd inds, inds) are tracked centrally in a single system (darrts).	as of 7/27/2009 100% of all drug application types (tpd inds, inds) are traced centrally in a single system (darrts)

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2009	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	track all nda's and anda's in one system, darrts	currently these applications are tracked in separate applications	100% of nda's and anda's are tracked in darrts	as of 7/27/2009 100% of nda's and anda's are tracked in darrts
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 1 of 17 stovepipe systems (imts) and integrate it into darrts.	currently imts is one of 17 systems that are managed separately as components of the drug review process. .	100% of imts functionality will be supported within the darrts system.	tbd
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	track structured product labeling (spl) within the darrts application.	currently all spl is tracked using the elips standalone application.	100% of drug spl will be tracked via darrts.	tbd
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	support the increase of electronic submissions without compromising processing speed	currently approximately 800 ectd's are received each the year.	an average increase of 25% more electronic submissions (~ 1,250 by cy 2010) will be processed without compromising the current processing rate.	tbd
2010	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	track all cder/cber bla's in one system, darrts	currently these applications are tracked in separate applications	100% of cder/cber bla's are tracked in darrts	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 1 of 17 stovepipe systems (invas)	currently invas one of 17 systems that are managed separately as components of the drug review process.	100% of in vas functionality will be supported within the darrts system.	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	the response time that the reviewers are notified of incoming submissions will reduce to minutes, rather than days.	due to manual receipt, processing, and filing, currently it may upwards of three days for reviewers to receive notification of submissions.	reviewers are notified of 100% of incoming submissions within 30 minutes of entry by the document room.	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 1 of 17 stovepipe systems (spots)	currently spots one of 17 systems that are managed separately as components of the drug review process..	100% of spots functionality will be supported within the darrts system.	tbd
2011	S.O. 1.3 - Improve health care quality, safety, cost and	*	*	decrease the number of systems that a reviewer has to	currently reviewers have to look at multiple	reduce the number of systems reviewers have	tbd

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
	value			look at to obtain information from 13+ to 1	systems to obtain information.	to look at by 85% (3 systems to remain).	
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	support the increase of electronic submissions without compromising processing speed	currently approximately 800 ectd's are received each the year.	an average increase of 25% more electronic submissions (~ 1,550 by cy 2011) will be processed without compromising the current processing rate.	tbd
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	tracking all application types in one system.	applications are tracked in various different systems.	100% of application types (ind, nda, anda, drug master file) will be tracked centrally in one system (darrts).	tbd
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	all stovepipe systems used for reviewing drug applications are integrated into darrts.	50 systems are used to do similar functions	100% of stovepipe systems (50) will be integrated into darrts	tbd
2012	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 1 of 17 stovepipe systems (drls)	currently drls one of 17 systems that are managed separately as components of the drug review process.	100% of drls functionality will be supported within the darrts system.	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	support the increase of transactions without compromising processing speed.	currently approximately 15,000 transactions are processed in darrts daily.	an average increase of 50% (7.500) more transactions will be processed daily (22,500 in all) without compromising the current processing rate.	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 1 of 17 stovepipe systems (dprf)	currently dprf one of 17 systems that are managed separately as components of the drug review process.	100% of dprf functionality will be supported within the darrts system.	tbd
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	ability to track 100% of initial regulated product submission system (rps) (300 estimated during the first year) in darrts	currently, rps is not a supported within the fda.	fda willl have an it capability to process rps beginning in 2013 using the darrts application.	tbd

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2013	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	reduce processing time for darrts complex reporting queries and satellite integrations.	complex reporting queries and satellite integrations often take 60 seconds or more.	reduce transaction time for complex reporting queries and 100% of satellite integrations by 75% (no more than 15 seconds per transaction.)	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	track the newly conceived regulated product submission system (rps) in darrts	rps will be a new standard for submitted electronic applications and will need to be incorporated into darrts. approximately 1,400 rps are expected in this fy.	100% of rps (estimated at 1,400 in 2014) will be tracked in darrts	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	2,000 users can simultaneously use the application	due to increased functionality, the application will need to support at least 2,000 concurrent users (up from approximately 200 in 2008)	2,000 users can concurrently use the application without noticeable system degradation	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 1 of 17 stovepipe systems (macmis)	currently macmis one of 17 systems that are managed separately as components of the drug review process.	100% of macmis functionality will be supported within the darrts system.	tbd
2014	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	eliminate 1 of 17 stovepipe systems (admis)	currently admis one of 17 systems that are managed separately as components of the drug review process.	100% of admis functionality will be supported within the darrts system.	tbd
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	consolidate major business center application type into 1 system	currently cber bla applcations tracked in seperate systems	migrate data and functionality for cber bla's in to the darrts application	tbd
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	upgrade to modernized technology stack	darrts (adims backbone) is using outdated oracle adf/ufx framework	upgrade framework to oracle jsf(java server face) or similar technology	tbd
2015	S.O. 1.3 - Improve health care quality,	*	*	support the improved access and	darrts reports are pulling data from the	have transational data streamed	tbd

Table 1: Performance Information Table

Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
	safety, cost and value			availabity of data for reporting	transactional database	to a data mart for faster report processing	
2015	S.O. 1.3 - Improve health care quality, safety, cost and value	*	*	successfully process tobacco product reviews utilizing darrts system	no system currently tracks tobacco review applications	darrts system to incorporate business processes and intial data for processing, tracking tobacco reviews	tbd

Part II: Planning, Acquisition And Performance Information

Section A: Cost and Schedule Performance (All Capital Assets)

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline

Description of Milestones	Planned Cost ($M)	Actual Cost ($M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Complete OTRR integration analysis and data mapping	$1.4	$1.4	2003-10-20	2001-10-20	2004-03-07	2004-06-15	100.00%	100.00%
Implement TSE/SPOTs	$0.2	$0.1	2003-11-13	2003-11-13	2004-09-17	2004-12-15	100.00%	100.00%
Prototype architecture - multiple prototypes will be developed and demonstrated during the application development cycle for feedback	$0.3	$0.3	2004-02-12	2003-11-17	2004-07-14	2006-01-30	100.00%	100.00%
eCTD Release 1 Production	$0.3	$0.3	2004-05-01	2004-12-01	2005-05-15	2005-12-15	100.00%	100.00%
Development and Approval of Training	$0.3	$0.5	2004-07-12	2005-07-13	2005-10-27	2005-09-30	100.00%	100.00%
COMIS Operations & Maintenance	$0.9	$0.9	2004-10-01	2004-10-01	2005-09-30	2005-09-30	100.00%	100.00%
Development of DARRTS Release 1 (Therapeutic Biologic Investigational New Drug Applications-INDs)	$3.0	$3.5	2004-12-01	2004-05-01	2006-01-30	2006-01-30	100.00%	100.00%
Complete Certification & Accreditation DARRTS Release 1	$0.1	$0.1	2005-05-16	2005-07-25	2006-01-25	2006-01-25	100.00%	100.00%
Critical Reports approved, designed and developed (DARRTS)	$0.6	$0.6	2005-07-01	2005-04-12	2005-09-15	2006-01-30	100.00%	100.00%
EDR Operations & Maintenance	$0.6	$0.6	2005-10-01	2005-10-01	2006-09-30	2006-09-30	100.00%	100.00%
DFS Operations & Maintenance	$0.5	$0.5	2005-10-01	2005-10-01	2006-09-30	2006-09-30	100.00%	100.00%
COMIS	$0.7	$0.7	2005-10-01	2005-11-07	2006-09-30	2006-09-30	100.00%	100.00%

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline

Description of Milestones	Planned Cost ($M)	Actual Cost ($M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Operations & Maintenance								
eCTD Operations & Maintenance	$0.2	$0.2	2005-10-01	2005-10-01	2006-09-30	2006-09-30	100.00%	100.00%
Migrate Legacy Data (DARRTS Release 1)	$0.4	$0.6	2005-10-20	2005-10-20	2006-01-30	2006-01-30	100.00%	100.00%
DARRTS Operations & Maintenance	$2.2	$2.2	2006-02-01	2006-02-01	2007-01-31	2007-01-31	100.00%	100.00%
Requirements for Release 2 (INDs, Drug Master Files, EUA)	$0.8	$0.8	2006-03-13	2006-03-22	2006-08-14	2006-11-07	100.00%	100.00%
Migrate Legacy Data (DARRTS Release 2) Part 1	$0.2	$0.2	2006-08-01	2006-06-12	2006-09-30	2006-07-31	100.00%	100.00%
Migrate Legacy Data (DARRTS Release 2) Part 2	$1.1	$1.1	2006-10-01	2006-08-01	2007-08-31	2006-12-22	100.00%	100.00%
eCTD Operations & Maintenance	$0.6	$0.5	2006-10-01	2006-10-01	2007-09-30	2007-09-30	100.00%	100.00%
COMIS Operations & Maintenance	$1.0	$1.1	2006-10-01	2006-10-01	2007-09-30	2007-09-30	100.00%	100.00%
EDR Operations & Maintenance	$1.0	$1.0	2006-10-01	2006-10-01	2007-09-30	2007-09-30	100.00%	100.00%
DFS Operations & Maintenance	$1.0	$1.0	2006-10-01	2006-10-01	2007-09-30	2007-09-30	100.00%	100.00%
DARRTS Development Release 2 (INDs, Drug Master Files, EUA) includes training, configuration management, Quality Assurance, testing, support, C&A and other security and implementation activities	$3.9	$3.9	2006-10-02	2006-11-27	2007-06-29	2007-11-12	100.00%	100.00%
DARRTS Operations & Maintenance	$2.2	$0.7	2007-02-01	2007-02-01	2008-09-30	2008-01-31	100.00%	100.00%
COMIS Operations &	$1.2	$0.7	2007-10-01	2007-10-01	2008-09-30	2008-09-30	100.00%	100.00%

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline

Description of Milestones	Planned Cost ($M)	Actual Cost ($M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
Maintenance								
eCTD Operations & Maintenance	$0.6	$0.4	2007-10-01	2007-10-01	2008-09-30	2008-09-30	100.00%	100.00%
EDR Operations & Maintenance	$1.0	$0.5	2007-10-01	2007-10-01	2008-09-30	2008-09-30	100.00%	100.00%
DFS Operations & Maintenance	$0.8	$0.6	2007-10-01	2007-10-01	2008-09-30	2008-09-30	100.00%	75.00%
DARRTS Development Release 3 (ADIMS Release 3)	$5.1	$5.8	2007-10-01	2007-09-30	2008-09-30	2008-09-30	100.00%	100.00%
DARRTS Operations & Maintenance	$2.5	$1.8	2008-02-01	2008-02-01	2009-01-30	2009-01-30	100.00%	100.00%
COMIS Operations & Maintenance	$0.5	$0.9	2008-10-01	2008-10-01	2009-09-30	2009-09-30	100.00%	100.00%
eCTD Operations & Maintenance	$0.2	$0.0	2008-10-01	2008-10-01	2009-09-30	2009-09-30	100.00%	100.00%
EDR Operations & Maintenance	$0.2	$0.3	2008-10-01	2008-10-01	2009-09-30	2009-09-30	100.00%	100.00%
DARRTS Operations & Maintenance	$1.5	$3.9	2009-02-01	2009-02-01	2010-01-30	2010-01-30	100.00%	100.00%
eCTD Operations & Maintenance	$0.2	$1.0	2009-10-01	2009-10-01	2010-09-30		83.00%	83.00%
EDR Operations & Maintenance	$0.2	$0.2	2009-10-01	2009-10-01	2010-09-30		83.00%	83.00%
DARRTS Operations & Maintenance	$1.5	$3.3	2010-02-01	2010-02-01	2011-01-30		50.00%	50.00%
eCTD Operations & Maintenance	*	*	2010-10-01		2011-09-30		0.00%	0.00%
EDR Operations & Maintenance	*	*	2010-10-01		2011-09-30		0.00%	0.00%
DARRTS Operations & Maintenance	*	*	2011-02-01		2012-01-30		0.00%	0.00%
eCTD Operations & Maintenance	*	*	2011-10-01		2012-09-30		0.00%	0.00%
EDR Operations & Maintenance	*	*	2011-10-01		2012-09-30		0.00%	0.00%
DARRTS Operations & Maintenance	*	*	2012-02-01		2013-01-30		0.00%	0.00%

1. Comparison of Actual Work Completed and Actual Costs to Current Approved Baseline

Description of Milestones	Planned Cost ($M)	Actual Cost ($M)	Planned Start Date	Actual Start Date	Planned Completion Date	Actual Completion Date	Planned Percent Complete	Actual Percent Complete
eCTD Operations & Maintenance	*	*	2012-10-01		2013-09-30		0.00%	0.00%
EDR Operations & Maintenance	*	*	2012-10-01		2013-09-30		0.00%	0.00%
DARRTS Operations & Maintenance	*	*	2013-02-01		2013-12-31		0.00%	0.00%
Labor for analysis of systems to be migrated to one of the new Agency-Wide Investments.	$2.5	$0.0	2008-10-01	2008-10-01	2009-09-30	2009-09-30	100.00%	100.00%
FY07 FTE O&M	$1.0	$1.0	2006-10-01	2006-10-01	2007-09-30	2007-09-30	100.00%	100.00%
FY08 FTE O&M	$3.7	$2.5	2007-10-01	2007-10-01	2008-09-30	2008-09-30	100.00%	100.00%
FY09 FTE O&M	$3.4	$2.5	2008-10-01	2008-10-01	2009-09-30	2009-09-30	100.00%	100.00%
FY10 FTE O&M	$2.1	$1.7	2009-10-01	2009-10-01	2010-09-30		83.00%	75.00%
FY11 FTE O&M	*	*	2010-10-01		2011-09-30		0.00%	0.00%
FY12 FTE O&M	*	*	2011-10-01		2012-09-30		0.00%	0.00%
FY13 FTE O&M	*	*	2012-10-01		2013-09-30		0.00%	0.00%
FY14 FTE O&M	*	*	2013-10-01		2014-09-30		0.00%	0.00%

* - Indicates data is redacted.